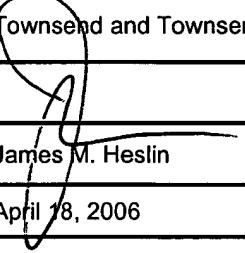


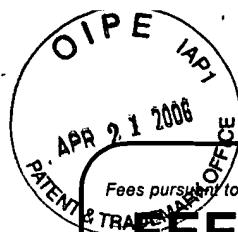
1FW

TRANSMITTAL FORM		Application Number	10/764,148
		Filing Date	January 23, 2004
		First Named Inventor	GIFFORD, HANSON S.
		Art Unit	3739
		Examiner Name	ROLLINS, ROSILAND STACIE
Total Number of Pages in This Submission	12	Attorney Docket Number	022128-000510US

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/>	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/>	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/>	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/>	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> Preliminary Amendment and Response to Election of Species
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return Postcard	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Date	April 18, 2006	Reg. No.	29,541

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	JoAnn Evangelista	Date	April 18, 2006



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEES TRANSMITTAL For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 125)

Complete if Known

Application Number	10/764,148
Filing Date	January 23, 2004
First Named Inventor	GIFFORD, HANSON S.
Examiner Name	ROLLINS, ROSILAND STACIE
Art Unit	3739
Attorney Docket No.	022128-000510US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES <small>Small Entity</small>		SEARCH FEES <small>Small Entity</small>		EXAMINATION FEES <small>Small Entity</small>		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
39	-20 or HP = 5	x \$25	= \$125	Fee (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
4	-3 or HP = 0	x \$100	= \$0		

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 = / 50 = (round up to a whole number)	x		=

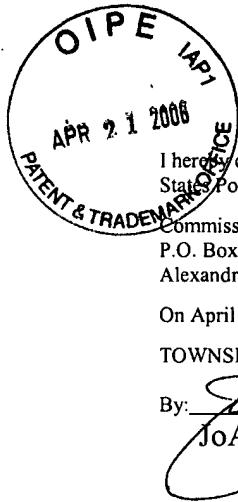
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 29,541	Telephone 650-326-2400
Name (Print/Type)	James M. Heslin		Date April 18, 2006



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On April 18, 2006

TOWNSEND and TOWNSEND and CREW LLP

By: *JoAnn Evangelista*
JoAnn Evangelista

PATENT
Attorney Docket No.: 022128-000510US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

HANSON S. GIFFORD

Application No.: 10/764,148

Filed: January 23, 2004

For: METHOD AND APPARATUS
FOR NON-INVASIVELY
TREATING ATRIAL
FIBRILLATION USING HIGH
INTENSITY FOCUSED
ULTRASOUND

Customer No.: 20350

Confirmation No. 8153

Examiner: ROLLINS, ROSILAND
STACIE

Technology Center/Art Unit: 3739

**PRELIMINARY AMENDMENT
and RESPONSE TO ELECTION OF
SPECIES REQUIREMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Election of Species Requirement mailed March 28, 2006,
please amend the claims as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.